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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 087300-000400US
I hereby certify that this correspondence is being facsimile transmitted to Examiner J. Roark at (703) 746-5174 at the U.S. Patent and Trademark Office on the date set forth below. on <u>10/13/03</u>		
In re Application of DELOVITCH, Terry L.		
Application Number 09/341,407		Filed October 12, 1999
For METHODS FOR PREVENTING AUTOIMMUNE DISEASE		
Art Unit 1644		Examiner Jessica H. Roark
Signature <u>[Signature]</u> Typed or printed name <u>Jodie M. Rivas</u>		
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$330.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$165.
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		<u>[Signature]</u> Signature
<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		<u>Nathan S. Cassell</u> Typed or printed name
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 42,396		<u>650 324 6385</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____		<u>10-13-03</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

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